



STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
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SOLE SOURCE JUSTIFICATION

Project Name: _____ A/E #: _____

Location: _____ Date: _____

Product / Service: _____

Manufacturer: _____

Product or Service Supplier: _____

Estimated Cost of Purchase: _____ Expected Length of Contract (if applicable): _____

What evaluation of other product suppliers or service providers was made? (Please furnish names, addresses, and other documentation.)

How did you determine that there was only one source for the product or service?

What product supplier or service provider has your Department used until now to satisfy similar requirements?

Attach dated quote or estimated price.

_____	_____	_____
Agency Facility Manager	Signature	Date:
_____	_____	_____
A&E Division Project Manager	Signature	Date:
_____	_____	_____
A&E Division Procurement Officer	Signature	Date: